



# Mental Health Services Of Catawba County

Draft Local Business Plan

January 2, 2003

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## Section III. Qualified Provider Network

### Contact Person:

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## Local Business Plan: Strategic Plan Matrix

<b>Area Program(s)/County Program</b>	Mental Health Services of Catawba County
<b>Contact</b>	John M. Hardy, Area Director, (828)695-5900, fax (828)695-5949, johnh@mail.co.catawba.nc.us
<b>Submission Date</b>	01/02/03

### Item: III. Qualified Provider Network Development 1a

**Goal: The local business plan identifies the current qualified provider services list and service array.**

**Effective Date: 01/04**

Steps Taken	Steps Planned	Barriers
<p>A current list of qualified service providers matched to service category and target populations is attached. (Attachment A)</p> <p>Sent out surveys to all providers in a 30 mile/30 minute radius of Catawba County to assess their willingness, interest, service categories, and capacity to provide services to the target populations. 310 surveys were mailed; 60 completed surveys were returned. Copy of the survey is attached. (Attachment B) A listing of those results including the provider name, target population served, and array of services available is also attached. (Attachment C)</p>	<p>Developing a database directory sorted by location, service category, and target population that will be available on the LME web site.</p> <p>As we transition to an LME, MHSCC will continue to engage in dialog with service providers and agencies in the Catawba County catchment area to facilitate the development of needed service array. Identify specialty resources outside of the 30 mile/30 minute radius, if this becomes necessary, and contract for these services if they are available. Collaboration with other area programs is a priority in establishing resources if needed.</p>	<p>An issue in discussions with providers is the inconsistency in how Medicaid billing is done for child mental health as opposed to adult mental health. An additional concern from providers is the need to know rates before they feel they can make a decision about whether they have an interest in providing the services.</p> <p>It is critical that the LME be the route of all billing, rather than direct billing by providers, to assure administrative efficiency, effective oversight, and appropriate use of public funds for services.</p>

<p>Conducted 2 provider forums on September 30, 2002 to have dialog with interested providers about the service needs and their interest in expanding their current array of services in the future.</p> <p>Have held multiple meetings with individual community agencies (DSS, hospital, etc,) to address possibilities of service expansion. Information from these meetings has been incorporated into divestiture planning and QPN development.</p> <p>Identified gaps through multiple sources, including consumers and CFAC, particularly related to crisis beds. CFAC has been especially focused on the need to assure that providers offer quality services and have low staff turnover rates.</p>	<p>Publish a directory of community supports and human service resources and utilize also in consumer and provider orientations in hard copy as well as include on the LME web site. This is currently available on our MHSCC intranet. Accommodation will be provided for consumers with reading or language issues.</p> <p>As new community service resources/providers are identified, request they complete a provider survey the results of which will be added to the database.</p> <p>Continue to have provider meetings, etc. to address service gaps and needs.</p> <p>Continue to gather input from consumers and families, stakeholders, advocates, and staff.</p> <p>Continue to develop protocols for examining and analyzing QPN member qualifications, services, treatment practices, models that support strength based self-determination treatment, safety, outcome-focused clinical effectiveness, and continuous quality improvement practices.</p>	
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**Reviewers Comments:**

**Attachment A – Client Population Served Report**

**Attachment B – Copy of Provider Survey**

**Attachment C – Services by City Report (Note: report runs 3-page vertically, designated 1a, 1b, 1c, 2a, 2b, ...;  
Legend: C=current, F=future, Y=yes, N=No)**

## *Client Population Served*

*P-Name*

*Curr-Prov Like-To-Pro CMH AMH MR/MI CDD ADD SEDC CSA ASA TBA*

### ASHEVILLE

OMNI Y C

### BOONE

MARSHALL STEIN N N C C C

NANCY S. RICHARD, PHD N C C

### CHARLOTTE

CHILDREN'S COMPREHENSIVE Y C

CHILL, INC. N Y C C

DEBORAH A. BONANNO, PSY. D. N Y C C C C C F F

DR. ERVIN S BATCHELOR PH.D. N Y C C C C C F F C

ERVIN THOMPSON N N

EVA NOVE N Y C C C C C C C

GLORIA COLTHARP N Y C C C C C C

GOLDEN RULE OF CHARLOTTE NC N Y C C F C C

HOPE YOUTH SERVICES, INC. N Y C

J. PHOEBE AMANTE N N C

JANINEA SHELTON N Y C C

## *Client Population Served*

*P-Name*

*Curr-Prov Like-To-Pro CMH AMH MR/MI CDD ADD SEDC CSA ASA TBA*

### CHARLOTTE

JANNIE HOLT - LCSW	Y	Y		C							
MARY TOTA-FAUCETTE	N			C							
RICHARD GIELLAR, MD	N	Y	C	C							
ROY E CAPEHART, PH.D.	Y			C						C	
SCOTT LURIE	N	N		C						C	
SISTERS ACT, INC.	N	Y	C			C					
STEPHEN C. STRZELECKI	N	Y	C	C				C			C
STEVE SETHERUANY	Y		C					C	C		
SUM TERTIUS, INC.	N	Y	C			C			C		

### CONOVER

COMMUNITY ALTERNATIVES OF NC	Y		C	C	C	C	C				
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### CORNELIUS

DEIRDRE A TEAFORD, PH. D.	N	Y	C			C	F	C	F		
THOMAS M. FRITGERALD, MD.	N	Y		C						C	

### FOREST CITY

BARBARA DAVENPORT, MD	N	Y	C	C	C	C	C	C	C		C
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## *Client Population Served*

*P-Name*

*Curr-Prov Like-To-Pro CMH AMH MR/MI CDD ADD SEDC CSA ASA TBA*

### **GASTONIA**

ELEANOR R. WALDINGER	N	N	C	C							
KAREN B RUBIN	N	N	C	C		C					
MALTI P MEHTA	N	Y	C	C	C	C	C	C	C	C	C
PHYLLIS D WALKER,	N		C	C					C	C	
PILLSI NEURO PSYCHATRIC	Y	N	C	C	C	C	C	C	C	C	C
PRERFUL C MEHTA	N	Y	C	C	C		C	C	C	C	
WILLIAM H VARLEY, PHD	N	Y	C	C							

### **HICKORY**

ALICE T. GYLIGUEN	N	N									
CATAWBA VALLEY MEDICAL	Y			C	C		C			C	
CNC/ACCESS	Y	Y	C	C	C	C	C	C			
COMMUNITY ALTERNATIVES OF NC	Y		C	C	C	C	C				
CROSSROADS COUNSELING	Y		C	C				F	C	C	
DAVID A. DOWNS , MD	Y									C	
DEBRA A BOLICK, MD	N	Y		C	C		C				
DR. ERVIN S BATCHELOR PH.D.	N	Y	C	C		C	C	C	F	F	C
ELEANOR CASTLEBERRY	Y	Y	C	C				C			

## *Client Population Served*

*P-Name*

*Curr-Prov Like-To-Pro CMH AMH MR/MI CDD ADD SEDC CSA ASA TBA*

### **HICKORY**

GEORGE A. STRADER	Y		C	C	F	F	F	C	C	C	F
HICKORY PSYCHIATRIC CENTER	Y			C	C		C			C	C
JAY SYN	N	Y		C	C		C			C	C
REGARDY MUNOZ, MD	Y	Y	C	C							
SOCIAL SERVICES OF CATAWBA	Y		C					C			
SOLUTIONS OF HICKORY	Y	Y	C	C		C				C	
STANLEY G MOORE, LCSW	Y			C							
THE COUNSELING GROUP	N		C	C					C	C	

### **LENOIR**

THE COUNSELING GROUP	N		C	C					C	C	
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### **LOWELL**

COMMUNITY LIVING & CHOICES,	N	Y	C			C			C		
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### **MARION**

WOODRIDGE PSYCHOLOGICAL	N	Y	C	C					F	C	
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### **MOORESVILLE**

BETTY WRIGHT RUSSELL, LCSW,	N	Y	C	C							
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## *Client Population Served*

*P-Name*

*Curr-Prov Like-To-Pro CMH AMH MR/MI CDD ADD SEDC CSA ASA TBA*

### MOORESVILLE

JOHN & TRACY Lutz	N		C	C						
PAMELA J MEEDS	N		C	C						

### MORGANTON

HOWARD DOERLE	N			C						C
HOWARD DOERLE	N			C						C
KAREN G. STEELE	N	Y	C	C	C					
MARGARET DOERLE	N			C						C
STEVEN L MAHORNEY, MD	N	N		C	F		F			
THE COUNSELING GROUP	N		C	C				C		C

### NEWTON

GLENNA DAVIS	N	Y	C	C						C
MILLICENT KAUFMAN	N	Y		C						
SUZANNE CLINE	N	Y		C						C

### RUTHERFORDTON

WOODRIDGE PSYCHOLOGICAL	N	Y	C	C				F		C
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### SHELBY



## *Client Population Served*

*P-Name*

*Curr-Prov Like-To-Pro CMH AMH MR/MI CDD ADD SEDC CSA ASA TBA*

### **SHELBY**

ADAM KURTZMAN	N	N	C	C	C	C	C	C	C	C	C
ANITA SZABO	N	Y	F	C	F	F	F	F	F	F	F
LINDA RADEKER, MA,LPC,MAC	N	Y	C	C						C	
LYDIA SCRUGGS, LMSW	N	Y	C	C						C	

### **STATESVILLE**

AMRUTHVALLI MUTHU, MD	N	N									
CAROLINA PSYCH GROUP, PA	N		C	C	C	C	C	C	C	C	F
EASTER SEALS OF NORTH	N	Y	F	F	C	C	C				C
ELAINE CRUMMETT	N		C	C							
PREM K MUTHU, MD	N	N									
REBACCA W LOWE, MALPC	N	N									

### **VALDESE**

COMMUNITY ALTERNATIVES OF NC	Y		C	C	C	C	C				
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# MENTAL HEALTH SERVICES OF CATAWBA COUNTY

## NETWORK PROVIDER SURVEY

Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Do you currently provide services for clients of Mental Health Services of Catawba County? Yes No

If No, would you like to be a contract provider with MHSCC? Yes No

If No to Question # 2, please state your reason: \_\_\_\_\_

Do you have a CAP provider number? Yes No

Are you a Direct Enrolled Provider? Yes No

Do you accept Medicaid reimbursement? Yes No

Do you accept Medicare reimbursement? Yes No

Are you willing and able to provide services to the target populations outlined in the State Plan? Yes No

What client population do you currently have the capacity to serve? **Code: C = Currently Provide  
F = May Provide in the Future**

\_\_\_ Child Mental Health \_\_\_ Child Developmental Disabilities \_\_\_ Child Substance Abuse

\_\_\_ Adult Mental Health \_\_\_ Adult Developmental Disabilities \_\_\_ Adult Substance Abuse

\_\_\_ MR/MI \_\_\_ Seriously Emotionally Disturbed Child \_\_\_ Traumatic Brain Injury

What supports do you have in place for special needs of culturally diverse populations? Please check all that apply.

\_\_\_ Handicap Accessibility \_\_\_ Interpreter(s) for hearing impaired

\_\_\_ Culturally Diverse Staff \_\_\_ Staff Training in Cultural Diversity

\_\_\_ Foreign Language Interpreter(s) Please specify which languages: \_\_\_\_\_

Do you have transportation available to assist consumers in accessing services? Yes No

If yes, please describe: \_\_\_\_\_

Do you provide child care to assist consumers in accessing services? Yes No

If yes, please describe: \_\_\_\_\_

(over)

**CODE: C = Currently Provide**  
**F = May Provide in the Future**

Please describe your competency to provide the services you have identified above:

[illegible]

2

## Services by City

<i>P-Name</i>	<i>Curr-P rov</i>	<i>Like-T o-Prov</i>	<i>Case Mang</i>	<i>Crisis Stabilization</i>	<i>Crisis Service 24/7</i>	<i>Social Inclusion</i>	<i>Psychosocial Rehab</i>	<i>Day Habilitation</i>	<i>Supported Employment</i>	<i>SA Outpatient</i>	<i>Inpatient Detox</i>	<i>SA Inpatient Rehab</i>
<b>ASHEVILLE</b>												
OMNI	Y											
<b>BOONE</b>												
MARSHALL STEIN	N	N										
NANCY S. RICHARD, PHD	N											
<b>CHARLOTTE</b>												
CHILDREN'S	Y		C									
CHILL, INC.	N	Y										
DEBORAH A. BONANNO, PSY.	N	Y		C								
DR. ERVIN S BATCHELOR	N	Y	C	C			C	C	C			
ERVIN THOMPSON	N	N										
EVA NOVE	N	Y	C	C							C	
GLORIA COLTHARP	N	Y	F									
GOLDEN RULE OF	N	Y					C					
HOPE YOUTH SERVICES, INC.	N	Y										
J. PHOEBE AMANTE	N	N										
JANINEA SHELTON	N	Y		C		C						

## Services by City

Provider Name	Curr- Prov	Like-T o-Pro v	Res Level 1	Res Level 2	Res Level 3	Res Level 4	MH Outpatient	Med Mang	Family Preservation	Personal Care	Respite	A D V P	Trans-po rtation Services	SA Intensive Outpatient	Outpatient Detox	DD Res
<b>ASHEVILLE</b>																
OMNI	Y			C												
<b>BOONE</b>																
MARSHALL STEIN	N	N					C			C						
NANCY S. RICHARD, PHD	N						C									
<b>CHARLOTTE</b>																
CHILDREN'S COMPREHENSIVE	Y							C								
CHILL, INC.	N	Y			C											
DEBORAH A. BONANNO, PSY. D.	N	Y					C									
DR. ERVIN S BATCHELOR PH.D.	N	Y					C									
ERVIN THOMPSON	N	N														
EVA NOVE	N	Y					C								C	
GLORIA COLTHARP	N	Y					C									
GOLDEN RULE OF CHARLOTTE	N	Y			C		C			C						
HOPE YOUTH SERVICES, INC.	N	Y			C											
J. PHOEBE AMANTE	N	N					C									
JANINEA SHELTON	N	Y					C									
JANNIE HOLT - LCSW	Y	Y					C									
MARY TOTA-FAUCETTE	N						C									
RICHARD GIELLAR, MD	N	Y					C			C						
ROY E CAPEHART, PH.D.	Y						C									

## Services by City

Provider	Curr- Prov	Like-To-Pr ov	MH Inpatient	CBS	PACT/ ACTT	Partial Hospitalization	Supported Living	Per-Voca tional	SA Prevention/ Education	SA Residential	SA Partial Hospital	Adult MH Residential
<b>Other Locations</b>	<b>ASHEVILLE</b>											
OMNI	Y											
<b>Other Locations</b>	<b>BOONE</b>											
MARSHALL STEIN	N	N										
NANCY S. RICHARD, PHD	N											
<b>Other Locations</b>	<b>CHARLOTTE</b>											
CHILDREN'S COMPREHENSIVE SERVICES	Y											
CHILL, INC.	N	Y										
DEBORAH A. BONANNO, PSY. D.	N	Y										
DR. ERVIN S BATCHELOR PH.D.	N	Y										
ERVIN THOMPSON	N	N										
EVA NOVE	N	Y							C			
GLORIA COLTHARP	N	Y										
GOLDEN RULE OF CHARLOTTE NC	N	Y		F								
HOPE YOUTH SERVICES, INC.	N	Y										
J. PHOEBE AMANTE	N	N										
JANINEA SHELTON	N	Y										
JANNIE HOLT - LCSW	Y	Y										
MARY TOTA-FAUCETTE	N											

*P-Name*

*Curr-P  
rov*

*Like-T  
o-Prov*

*Case  
Mang*

*Crisis  
Stabilization*

*Crisis  
Service  
24/7*

*Social  
Inclusion*

*Psychosocial  
Rehab*

*Day  
Habilitation*

*Supported  
Employment*

*SA  
Outpatient*

*Inpatient  
Detox*

*SA  
Inpatient  
Rehab*

## CHARLOTTE

JANNIE HOLT - LCSW	Y	Y									
MARY TOTA-FAUCETTE	N										
RICHARD GIELLAR, MD	N	Y									
ROY E CAPEHART, PH.D.	Y			C							
SCOTT LURIE	N	N									
SISTERS ACT, INC.	N	Y									
STEPHEN C. STRZELECKI	N	Y									
STEVE SETHERUANY	Y			C	C				C	C	
SUM TERTIUS, INC.	N	Y									

## CONOVER

COMMUNITY ALTERNATIVES	Y					C		C			
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## CORNELIUS

DEIRDRE A TEAFORD, PH. D.	N	Y		C	C						
THOMAS M. FRITGERALD, MD.	N	Y									

## FOREST CITY

BARBARA DAVENPORT, MD	N	Y									
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## GASTONIA

<i>Provider Name</i>	<i>Curr- Prov</i>	<i>Like-T o-Pro v</i>	<i>Res Level 1</i>	<i>Res Level 2</i>	<i>Res Level 3</i>	<i>Res Level 4</i>	<i>MH Outpaient</i>	<i>Med Mang</i>	<i>Family Preservation</i>	<i>Personal Care</i>	<i>Respite</i>	<i>A D V P</i>	<i>Trans-po rtation Services</i>	<i>SA Intensive Outpatient</i>	<i>Outpatient Detox</i>	<i>DD Res</i>
<b><i>CHARLOTTE</i></b>																
SCOTT LURIE	N	N						C								
SISTERS ACT, INC.	N	Y			C		C									
STEPHEN C. STRZELECKI	N	Y					C									
STEVE SETHERUANY	Y							C								
SUM TERTIUS, INC.	N	Y			C		C	C								
<b><i>CONOVER</i></b>																
COMMUNITY ALTERNATIVES OF	Y									C						C
<b><i>CORNELIUS</i></b>																
DEIRDRE A TEAFORD, PH. D.	N	Y					C									
THOMAS M. FRITGERALD, MD.	N	Y						C								
<b><i>FOREST CITY</i></b>																
BARBARA DAVENPORT, MD	N	Y					C	C								
<b><i>GASTONIA</i></b>																
ELEANOR R. WALDINGER	N	N														
KAREN B RUBIN	N	N					C									
MALTI P MEHTA	N	Y					C	C							C	
PHYLLIS D WALKER,	N						C							C		
PILLSI NEURO PSYCHATRIC	Y	N					C	C							C	
PRERFUL C MEHTA	N	Y					C	C								
WILLIAM H VARLEY, PHD	N	Y					C									



<i>Provider</i>	<i>Curr- Prov</i>	<i>Like-To-Pr ov</i>	<i>MH Inpatient</i>	<i>CBS</i>	<i>PACT/ ACTT</i>	<i>Partial Hospitalization</i>	<i>Supported Living</i>	<i>Per-Voca tional</i>	<i>SA Prevention/ Education</i>	<i>SA Residential</i>	<i>SA Partial Hospital</i>	<i>Adult MH Residential</i>
RICHARD GIELLAR, MD	N	Y	C									
ROY E CAPEHART, PH.D.	Y											
SCOTT LURIE	N	N										
SISTERS ACT, INC.	N	Y										
STEPHEN C. STRZELECKI	N	Y										
STEVE SETHERUANY	Y		C			C						
SUM TERTIUS, INC.	N	Y		F								
<i>Other Locations</i>												
<i>CONOVER</i>												
COMMUNITY ALTERNATIVES OF NC	Y			C			C	C				C
<i>Other Locations</i>												
<i>CORNELIUS</i>												
DEIRDRE A TEAFORD, PH. D.	N	Y										
THOMAS M. FRITGERALD, MD.	N	Y										
<i>Other Locations</i>												
<i>FOREST CITY</i>												
BARBARA DAVENPORT, MD	N	Y										
<i>Other Locations</i>												
<i>GASTONIA</i>												
ELEANOR R. WALDINGER	N	N										
KAREN B RUBIN	N	N										
MALTI P MEHTA	N	Y	C			C						
PHYLLIS D WALKER, LCSW,HCSW/DCFC	N											
PILSI NEURO PSYCHATRIC	Y	N	C			C						

<i>P-Name</i>	<i>Curr-P rov</i>	<i>Like-T o-Prov</i>	<i>Case Mang</i>	<i>Crisis Stabilization</i>	<i>Crisis Service 24/7</i>	<i>Social Inclusion</i>	<i>Psychosocial Rehab</i>	<i>Day Habilitation</i>	<i>Supported Employment</i>	<i>SA Outpatient</i>	<i>Inpatient Detox</i>	<i>SA Inpatient Rehab</i>
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## GASTONIA

ELEANOR R. WALDINGER	N	N			C							
KAREN B RUBIN	N	N										
MALTI P MEHTA	N	Y	C	C							C	
PHYLLIS D WALKER,	N			C						C		
PILLSI NEURO PSYCHATRIC	Y	N		C						C	C	C
PRERFUL C MEHTA	N	Y	C	C						C	C	
WILLIAM H VARLEY, PHD	N	Y										

## HICKORY

ALICE T. GYLIGUEN	N	N										
CATAWBA VALLEY MEDICAL	Y			C	C						C	
CNC/ACCESS	Y	Y	F	C		C		C	C			
COMMUNITY ALTERNATIVES	Y					C		C				
CROSSROADS COUNSELING	Y			C	C					C		
DAVID A. DOWNS , MD	Y		C	C	C						C	
DEBRA A BOLICK, MD	N	Y		C	C						C	
DR. ERVIN S BATCHELOR	N	Y	C	C			C	C	C			
ELEANOR CASTLEBERRY	Y	Y			Y							
GEORGE A. STRADER	Y		C	C	C	C	C			C		
HICKORY PSYCHIATRIC	Y			C						C	C	

<i>Provider Name</i>	<i>Curr- Prov</i>	<i>Like-T o-Pro v</i>	<i>Res Level 1</i>	<i>Res Level 2</i>	<i>Res Level 3</i>	<i>Res Level 4</i>	<i>MH Outpatient</i>	<i>Med Mang</i>	<i>Family Preservation</i>	<i>Personal Care</i>	<i>Respite</i>	<i>A D V P</i>	<i>Trans-po rtation Services</i>	<i>SA Intensive Outpatient</i>	<i>Outpatient Detox</i>	<i>DD Res</i>
<b><i>HICKORY</i></b>																
ALICE T. GYLIGUEN	N	N														
CATAWBA VALLEY MEDICAL	Y						C	C								
CNC/ACCESS	Y	Y					F		F	C	C					C
COMMUNITY ALTERNATIVES OF	Y									C						C
CROSSROADS COUNSELING	Y						C									
DAVID A. DOWNS , MD	Y						C	C								
DEBRA A BOLICK, MD	N	Y					C	C							F	
DR. ERVIN S BATCHELOR PH.D.	N	Y					C									
ELEANOR CASTLEBERRY	Y	Y					C									
GEORGE A. STRADER	Y						C		C					C		
HICKORY PSYCHIATRIC CENTER	Y						C	C								
JAY SYN	N	Y					C	C							C	
REGARDY MUNOZ, MD	Y	Y						C								
SOCIAL SERVICES OF CATAWBA	Y			C												
SOLUTIONS OF HICKORY	Y	Y					C	C								
STANLEY G MOORE, LCSW	Y						C									
THE COUNSELING GROUP	N						C									
<b><i>LENOIR</i></b>																
THE COUNSELING GROUP	N						C									
<b><i>LOWELL</i></b>																
COMMUNITY LIVING & CHOICES,	N	Y			C								C			
<b><i>MARION</i></b>																

<i>Provider</i>	<i>Curr- Prov</i>	<i>Like-To-Pr ov</i>	<i>MH Inpatient</i>	<i>CBS</i>	<i>PACT/ ACTT</i>	<i>Partial Hospitalization</i>	<i>Supported Living</i>	<i>Per-Voca tional</i>	<i>SA Prevention/ Education</i>	<i>SA Residential</i>	<i>SA Partial Hospital</i>	<i>Adult MH Residential</i>
PRERFUL C MEHTA	N	Y	C			C						
WILLIAM H VARLEY, PHD	N	Y										
<i>Other Locations</i> <i>HICKORY</i>												
ALICE T. GYLIGUEN	N	N										
CATAWBA VALLEY MEDICAL CENTER	Y		C			C						
CNC/ACCESS	Y	Y		C	F		C	C				
COMMUNITY ALTERNATIVES OF NC	Y			C			C	C				C
CROSSROADS COUNSELING CENTER	Y											
DAVID A. DOWNS , MD	Y		C			C						
DEBRA A BOLICK, MD	N	Y	C			F						
DR. ERVIN S BATCHELOR PH.D.	N	Y										
ELEANOR CASTLEBERRY	Y	Y										
GEORGE A. STRADER	Y							C	C		F	
HICKORY PSYCHIATRIC CENTER	Y		C									
JAY SYNN	N	Y	C			F						F
REGARDY MUNOZ, MD	Y	Y										
SOCIAL SERVICES OF CATAWBA COUNTY	Y											
SOLUTIONS OF HICKORY	Y	Y										
STANLEY G MOORE, LCSW	Y											
THE COUNSELING GROUP	N											

*Other Locations*     *LENOIR*

<i>P-Name</i>	<i>Curr-P rov</i>	<i>Like-T o-Prov</i>	<i>Case Mang</i>	<i>Crisis Stabilization</i>	<i>Crisis Service 24/7</i>	<i>Social Inclusion</i>	<i>Psychosocial Rehab</i>	<i>Day Habilitation</i>	<i>Supported Employment</i>	<i>SA Outpatient</i>	<i>Inpatient Detox</i>	<i>SA Inpatient Rehab</i>
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## HICKORY

JAY SYNN	N	Y		C	C					C	C	
REGARDY MUNOZ, MD	Y	Y										
SOCIAL SERVICES OF	Y											
SOLUTIONS OF HICKORY	Y	Y		C								
STANLEY G MOORE, LCSW	Y			C								
THE COUNSELING GROUP	N			C	C					C		

## LENOIR

THE COUNSELING GROUP	N			C	C					C		
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## LOWELL

COMMUNITY LIVING &	N	Y										
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## MARION

WOODRIDGE	N	Y		C						C		
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## MOORESVILLE

BETTY WRIGHT RUSSELL,	N	Y		C								
JOHN & TRACY Lutz	N											
PAMELA J MEEDS	N											

## MORGANTON

<i>Provider Name</i>	<i>Curr- Prov</i>	<i>Like-T o-Pro v</i>	<i>Res Level 1</i>	<i>Res Level 2</i>	<i>Res Level 3</i>	<i>Res Level 4</i>	<i>MH Outpaient</i>	<i>Med Mang</i>	<i>Family Preservation</i>	<i>Personal Care</i>	<i>Respite</i>	<i>A D V P</i>	<i>Trans-po rtation Services</i>	<i>SA Intensive Outpatient</i>	<i>Outpatient Detox</i>	<i>DD Res</i>
<b><i>MARION</i></b>																
WOODRIDGE PSYCHOLOGICAL	N	Y					C	C							F	
<b><i>MOORESVILLE</i></b>																
BETTY WRIGHT RUSSELL, LCSW,	N	Y					C									
JOHN & TRACY Lutz	N						C	C								
PAMELA J MEEDS	N						C									
<b><i>MORGANTON</i></b>																
HOWARD DOERLE	N						C				C					
HOWARD DOERLE	N						C				C					
KAREN G. STEELE	N	Y					C	C								
MARGARET DOERLE	N						C				C					
STEVEN L MAHORNEY, MD	N	N					C									
THE COUNSELING GROUP	N						C									
<b><i>NEWTON</i></b>																
GLENNA DAVIS	N	Y					C									
MILLCENT KAUFMAN	N	Y					C	C								
SUZANNE CLINE	N	Y					C									
<b><i>RUTHERFORDTON</i></b>																
WOODRIDGE PSYCHOLOGICAL	N	Y					C	C							F	
<b><i>SHELBY</i></b>																
ADAM KURTZMAN	N	N					C									

<i>Provider</i>	<i>Curr- Prov</i>	<i>Like-To-Pr ov</i>	<i>MH Inpatient</i>	<i>CBS</i>	<i>PACT/ ACTT</i>	<i>Partial Hospitalization</i>	<i>Supported Living</i>	<i>Per-Voca tional</i>	<i>SA Prevention/ Education</i>	<i>SA Residential</i>	<i>SA Partial Hospital</i>	<i>Adult MH Residential</i>
THE COUNSELING GROUP	N											
<i>Other Locations</i> <i>LOWELL</i>												
COMMUNITY LIVING & CHOICES, INC.	N	Y		C								
<i>Other Locations</i> <i>MARION</i>												
WOODRIDGE PSYCHOLOGICAL ASSOCIATES	N	Y							C			
<i>Other Locations</i> <i>MOORESVILLE</i>												
BETTY WRIGHT RUSSELL, LCSW, LMFT, PHD	N	Y										
JOHN & TRACY Lutz	N											
PAMELA J MEEDS	N											
<i>Other Locations</i> <i>MORGANTON</i>												
HOWARD DOERLE	N											
HOWARD DOERLE	N											
KAREN G. STEELE	N	Y										
MARGARET DOERLE	N											
STEVEN L MAHORNEY, MD	N	N										
THE COUNSELING GROUP	N											
<i>Other Locations</i> <i>NEWTON</i>												
GLENNA DAVIS	N	Y										
MILLICENT KAUFMAN	N	Y										
SUZANNE CLINE	N	Y										

<i>P-Name</i>	<i>Curr-P rov</i>	<i>Like-T o-Prov</i>	<i>Case Mang</i>	<i>Crisis Stabilization</i>	<i>Crisis Service 24/7</i>	<i>Social Inclusion</i>	<i>Psychosocial Rehab</i>	<i>Day Habilitation</i>	<i>Supported Employment</i>	<i>SA Outpatient</i>	<i>Inpatient Detox</i>	<i>SA Inpatient Rehab</i>
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## MORGANTON

HOWARD DOERLE	N			C	C							
HOWARD DOERLE	N			C	C							
KAREN G. STEELE	N	Y	C	C								
MARGARET DOERLE	N			C	C					C		
STEVEN L MAHORNEY, MD	N	N										
THE COUNSELING GROUP	N			C	C					C		

## NEWTON

GLENNA DAVIS	N	Y										
MILLICENT KAUFMAN	N	Y		C						C		
SUZANNE CLINE	N	Y			C					C		

## RUTHERFORDTON

WOODRIDGE	N	Y		C						C		
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## SHELBY

ADAM KURTZMAN	N	N	C	C	C					C		
ANITA SZABO	N	Y	F	F								
LINDA RADEKER, MA,LPC,MAC	N	Y			C					C		
LYDIA SCRUGGS, LMSW	N	Y			C					C		



<i>Provider Name</i>	<i>Curr- Prov</i>	<i>Like-T o-Pro v</i>	<i>Res Level 1</i>	<i>Res Level 2</i>	<i>Res Level 3</i>	<i>Res Level 4</i>	<i>MH Outpaient</i>	<i>Med Mang</i>	<i>Family Preservation</i>	<i>Personal Care</i>	<i>Respite</i>	<i>A D V P</i>	<i>Trans-po rtation Services</i>	<i>SA Intensive Outpatient</i>	<i>Outpatient Detox</i>	<i>DD Res</i>
<i><b>SHELBY</b></i>																
ANITA SZABO	N	Y					C									
LINDA RADEKER, MA,LPC,MAC	N	Y					C								C	
LYDIA SCRUGGS, LMSW	N	Y					C								C	
<i><b>STATESVILLE</b></i>																
AMRUTHVALLI MUTHU, MD	N	N														
CAROLINA PSYCH GROUP, PA	N						C	C								
EASTER SEALS OF NORTH	N	Y								C	C					
ELAINE CRUMMETT	N						C									
PREM K MUTHU, MD	N	N														
REBACCA W LOWE, MALPC	N	N														
<i><b>VALDESE</b></i>																
COMMUNITY ALTERNATIVES OF	Y									C						C

<i>Provider</i>	<i>Curr- Prov</i>	<i>Like-To-Pr ov</i>	<i>MH Inpatient</i>	<i>CBS</i>	<i>PACT/ ACTT</i>	<i>Partial Hospitalization</i>	<i>Supported Living</i>	<i>Per-Voca tional</i>	<i>SA Prevention/ Education</i>	<i>SA Residential</i>	<i>SA Partial Hospital</i>	<i>Adult MH Residential</i>
<i>Other Locations      RUTHERFORDTON</i>												
WOODRIDGE PSYCHOLOGICAL ASSOCIATES	N	Y							C			
<i>Other Locations      SHELBY</i>												
ADAM KURTZMAN	N	N							C			
ANITA SZABO	N	Y										
LINDA RADEKER, MA,LPC,MAC	N	Y							C			
LYDIA SCRUGGS, LMSW	N	Y							C			
<i>Other Locations      STATESVILLE</i>												
AMRUTHVALLI MUTHU, MD	N	N										
CAROLINA PSYCH GROUP, PA	N								C			
EASTER SEALS OF NORTH CAROLINA	N	Y		C			C	F				
ELAINE CRUMMETT	N											
PREM K MUTHU, MD	N	N										
REBACCA W LOWE, MALPC	N	N										
<i>Other Locations      VALDESE</i>												
COMMUNITY ALTERNATIVES OF NC	Y			C			C	C				C

*P-Name*

*Curr-P  
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*Like-T  
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*Case  
Mang*

*Crisis  
Stabilization*

*Crisis  
Service  
24/7*

*Social  
Inclusion*

*Psychosocial  
Rehab*

*Day  
Habilitation*

*Supported  
Employment*

*SA  
Outpatient*

*Inpatient  
Detox*

*SA  
Inpatient  
Rehab*

## STATESVILLE

AMRUTHVALLI MUTHU, MD

N

N

CAROLINA PSYCH GROUP, PA

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EASTER SEALS OF NORTH

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ELAINE CRUMMETT

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PREM K MUTHU, MD

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REBACCA W LOWE, MALPC

N

N

## VALDESE

COMMUNITY ALTERNATIVES

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## Local Business Plan: Strategic Plan Matrix

<b>Area Program(s)/County Program</b>	Mental Health Services of Catawba County
<b>Contact</b>	John M. Hardy, Area Director, (828)695-5900, fax (828)695-5949, johnh@mail.co.catawba.nc.us
<b>Submission Date</b>	01/02/03

**Item: III. Qualified Provider Network Development 1b**

**Goal: The local business plan identifies the current qualified provider services list and service array.**

**Effective Date: 01/04**

Steps Taken	Steps Planned	Barriers
<p>Drafted a Consumer Choice policy assuring that consumers are advised of the resources available and given a choice of providers. Approved by Quality Management Team on 10/11/02 (Attachment D)</p> <p>Current Qualified Provider list and community resources are posted on the MHSCC intranet. (Hard copy available on-site if requested)</p>	<p>Draft Consumer Choice policy will be submitted to the Area Board for approval with other LME related policies.</p> <p>Will identify training needs for staff in protocol of assuring client choice as a regular part of treatment. Will also include this in provider training, with standardized methods of assurance.</p> <p>Will add current Qualified Provider list and community resource directory to MHSCC web site. Information will include cultural, ethnic, language, communication, transportation availability and the accessibility for those with physical challenges.</p>	



## DRAFT

Local Management Entity of Catawba County

### Policies and Procedures

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ACTIVITY:	Administration	Number
		Effective Date
SUBJECT:	Consumer Choice	Board Approved
		QMT Approved

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#### POLICY

It is the policy of Mental Health Services of Catawba County to assure that all consumers are informed of community resources and given a choice of providers, services, and supports within a 30 mile/30 minute radius of Catawba County. At no time will agency staff attempt to direct persons toward services provided by Mental health Services of Catawba County.

#### Procedure

1. The screening clinician will provide each consumer a directory of providers and community supports with a description of the services/resources each provides.
2. The consumer and/or family will select the provider from whom they wish to receive services
3. In the event the consumer chooses mental health Services of Catawba County as the service provider, the screening clinician will obtain the consumer's signature on the Statement of Consumer Choice.

Client Name _____ Record No: _____	
<b>MENTAL HEALTH SERVICES OF CATAWBA COUNTY</b> <b>Statement of Consumer Choice</b>	
<p>I understand that I have the right to select my Service Provider. I have received information on the Service Providers and community supports available to me in the area where I live. I also understand that I may change Service Providers at any time, but if possible, a reasonable notice will be given to the Care Coordinator and Service Provider.</p>	
<b>I HAVE SELECTED THE FOLLING PROVIDER (S):</b>	
1. _____	
2. _____	
3. _____	
<b>I HAVE SELECTED MENTAL HEALTH SERVICES OF CATAWBA COUNTY AS THE SERVICE PROVIDER FOR THE FOLLOWING REASONS:</b>	
1. _____	
2. _____	
3. _____	
Client/Guardian Signature: _____	Date: _____
Witness: _____	Date: _____

## Local Business Plan: Strategic Plan Matrix

<b>Area Program(s)/County Program</b>	Mental Health Services of Catawba County
<b>Contact</b>	John M. Hardy, Area Director, (828)695-5900, fax(828)695-5949, johnh@mail.co.catawba.nc.us
<b>Submission Date</b>	01/02/03

**Item: III. Qualified Provider Network Development 1c**

**Goal: The local business plan identifies the current qualified provider services list and service array.**

**Effective Date: 01/04**

Steps Taken	Steps Planned	Barriers
<p>Sent surveys to providers in a 30 mile/30 minute radius of Catawba County to assess the service capacity each can provide. Survey information is available in hard copy or electronically.</p> <p>Identified Area Program clients served in the past 18 months that met target populations criteria to determine the number of consumers and the service needs.</p> <p>Identified the consumers who would fall outside the target population.</p>	<p>Identify ways/means of assessing community supports and faith-based services, determining their current role and capacity particularly for responding to the needs of the non-targeted population.</p> <p>Based on completed data collection, analyze patterns, trends, and gaps not previously identified, then use this data to develop a prioritized list of recommendations to be addressed in QPN development plan.</p>	



<p>Reviewed data collected from Access Unit on services, which did not have a local service to which a referral could be made.</p> <p>Have met with CFAC and conducted community forums to discuss needs.</p>		
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<p><b>Reviewers Comments:</b></p>
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## Local Business Plan: Strategic Plan Matrix

<b>Area Program(s)/County Program</b>	Mental Health Services of Catawba County
<b>Contact</b>	John M. Hardy, Area Director, (828)695-5900, fax (828)695-5949, johnh@mail.co.catawba.nc.us
<b>Submission Date</b>	01/02/03

**Item: III. Qualified Provider Network Development 1d**

**Goal: The local business plan identifies the current provider services list and service array.**

**Effective Date: 01/04**

Steps Taken	Steps Planned	Barriers
<p>Contract Provider Network Policy has been written assuring that the service array is:</p> <ul style="list-style-type: none"> <li>- Culturally diverse</li> <li>- Competent to treat co-occurring disorders</li> <li>- Skilled at providing one stop comprehensive service settings</li> <li>- Dedicated to delivering consumer-directed supports</li> <li>- In compliance with the federal Synar amendment</li> </ul> <p>Policy approved by Quality Management Team. (Attachment E)</p>	<p>Policy will be submitted to Area Board for approval with all LME related policies.</p> <p>Procedure will continue to be developed and refined to assure that members of the QPN:</p> <ul style="list-style-type: none"> <li>- Are sensitive to and address the issues of cultural diversity.</li> <li>- Demonstrate competency at treating co-occurring disorders.</li> <li>- Able to provide quality "one stop" comprehensive service settings.</li> <li>- Are dedicated delivering consumer-directed supports.</li> <li>- Are compliant with Synar amendment.</li> </ul>	

**Reviewers Comments:**

**Attachment E – Draft Contract Provider Network Policy**

## DRAFT

### Local Management Entity of Catawba County

#### **Policies and Procedures**

ACTIVITY:	Management	Number
SUBJECT:	Contract Provider Network	Effective Date

#### POLICY

The Local Management Entity of Catawba County shall make every reasonable effort to provide care to its citizens through a provider network. A network of providers will be maintained to provide an array of services within a 30 mile/minute radius to guarantee:

- accessibility to services
- consumer/community choice
- cultural diversity
- competence to treat co-occurring disorders
- skill at providing comprehensive one-stop service settings
- dedication to delivering consumer-directed supports
- compliance with the federal; Synar amendment
- screening and appropriate referral

In order to assure competent, efficient and cost-effective services, as well as consumer choice of providers, the following shall apply:

- All eligible consumers will be informed of available resources and given a choice of providers
- Providers must possess the ability to provide “best practice” services for each target population.
- Providers will comply with all LME and DMHDDSAS requirements including, but not limited to the following:
  - clinical expertise relevant to service provision and target population
  - all licensure criteria
  - any relevant accreditation
  - liability insurance within established limits
- Providers will comply with all federal and state fiscal requirements.

## DRAFT

- Each provider will identify and actively pursue all first and third-party collections.
- All providers will submit to the LME an audit report by an independent certified public accountant verifying compliance with all standards as well as a review and opinion of the financial status and internal fiscal procedures of the provider agency.
- The LME will monitor activity referred to independent practitioners by percentage and number of actual requests and dispositions, as well as service units provided and costs of delivered services.

## Local Business Plan: Strategic Plan Matrix

<b>Area Program(s)/County Program</b>	Mental Health Services of Catawba County
<b>Contact</b>	John M. Hardy, Area Director, (828)695-5900, (828)695-5949, johnh@mail.co.catawba.nc.us
<b>Submission Date</b>	01/02/03

### Item: III. Qualified Provider Network Development 1e

**Goal: The local business plan identifies the current qualified provider services list and service array.**

**Effective Date: 01/04**

Steps Taken	Steps Planned	Barriers
Sent out surveys to all providers in a 30 mile/30 minute radius of Catawba County which included questions related to age and disability service capacity, cultural diversity of staff, and competency of staff to provide the specific services.	<p>Summarize the survey results and put into a database to facilitate the development of a comprehensive description of the provider network and their ability to provide specialized services as needed by consumers. Continue to collect detailed data related to individual providers.</p> <p>Include provider specific information in the Provider Network Directory.</p> <p>Incorporate these identified expectations into orientation and training for providers, with emphasis in QPN development, on availability and/or prioritized recruitment of culturally diverse staff rather than staff solely trained in cultural diversity.</p>	Need further information from community supports familiar with cultural specificity needs, along with state-defined best practices in cultural issues.

	Recruit Hmong/Asian and Hispanic/Latino providers as well as providers skilled in working with the geriatric population.	
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**Reviewers Comments:**

## Local Business Plan: Strategic Plan Matrix

<b>Area Program(s)/County Program</b>	Mental Health Services of Catawba County
<b>Contact</b>	John M. Hardy, Area Director, (828)695-5900, fax (828)695-5949 johnh@mail.co.catawba.nc.us
<b>Submission Date</b>	01/02/03

**Item: III. Qualified Provider Network Development 1f**

**Goal: The local business plan identifies the current qualified provider services list and service array.**

**Effective Date: 01/04**

Steps Taken	Steps Planned	Barriers
<p>Draft Contract Provider Network policy has been written that shows the LME uses independent practitioners and tracks the number and percentage of referrals to each provider. (Attachment F)</p> <p>Contracting for services has been in place for more than 15 years. Currently 26.9% of services are contracted to external providers. This does not include the more than fifty consumers who are being served by independent enrolled private practitioners.</p> <p>Policy has been approved by Quality Management Team.</p>	<p>Policy addressing this issue will be submitted to the Area Board for approval.</p> <p>The LME will need to run reports to analyze the referral patterns to independent providers and use data to update QPN development and maintenance plan as indicated.</p>	



**Reviewers Comments:**

**Attachment F – Draft Contract Provider Network Policy**

## DRAFT

### Local Management Entity of Catawba County

#### **Policies and Procedures**

ACTIVITY:	Management	Number
SUBJECT:	Contract Provider Network	Effective Date

#### POLICY

The Local Management Entity of Catawba County shall make every reasonable effort to provide care to its citizens through a provider network. A network of providers will be maintained to provide an array of services within a 30 mile/minute radius to guarantee:

- accessibility to services
- consumer/community choice
- cultural diversity
- competence to treat co-occurring disorders
- skill at providing comprehensive one-stop service settings
- dedication to delivering consumer-directed supports
- compliance with the federal; Synar amendment
- screening and appropriate referral

In order to assure competent, efficient and cost-effective services, as well as consumer choice of providers, the following shall apply:

- All eligible consumers will be informed of available resources and given a choice of providers
- Providers must possess the ability to provide “best practice” services for each target population.
- Providers will comply with all LME and DMHDDSAS requirements including, but not limited to the following:
  - clinical expertise relevant to service provision and target population
  - all licensure criteria
  - any relevant accreditation
  - liability insurance within established limits
- Providers will comply with all federal and state fiscal requirements.

## DRAFT

- Each provider will identify and actively pursue all first and third-party collections.
- All providers will submit to the LME an audit report by an independent certified public accountant verifying compliance with all standards as well as a review and opinion of the financial status and internal fiscal procedures of the provider agency.
- The LME will monitor activity referred to independent practitioners by percentage and number of actual requests and dispositions, as well as service units provided and costs of delivered services.

## Local Business Plan: Strategic Plan Matrix

<b>Area Program(s)/County Program</b>	Mental Health Services of Catawba County
<b>Contact</b>	John M. Hardy, Area Director, (828)695-5900, fax(828)695-5949, johnh@mail.co.catawba.nc.us
<b>Submission Date</b>	01/02/03

**Item: III. Qualified Provider Network Development 2a**

**Goal: The local business plan complies with the State Plan requirements in establishing a qualified provider network. (QPN)**

**Effective Date: 01/04**

Steps Taken	Steps Planned	Barriers
<p>Based on current experiences with contracting services from providers and based on feedback from CFAC and consumers, we have identified some criteria to be used in the selection of qualified providers as follows:</p> <ul style="list-style-type: none"> <li>- Good business track record</li> <li>- Access to psychiatric services</li> <li>- Availability of transportation</li> <li>- Emergency Services system</li> <li>- Low staff turnover rate</li> <li>- Provider accountability</li> <li>- Ability to offer first-time appointments within 1 hour to 72 hours based on the triage of presenting problems</li> </ul>	<p>Continue to advocate for a minimum set of standardized criteria for providers to be used in developing an RFP for a QPN consistent with State policy and criteria.</p> <p>Develop RFP that is consistent with state policy and considers input from county government, consumers/CFAC, experience with current contractors, and incorporates outcome data.</p> <p>Governing Board will develop a resolution outlining the criteria to be used in the development of a qualified provider network consistent with state and county policy.</p>	<p>The following are areas where we lack needed information from the state:</p> <ul style="list-style-type: none"> <li>- Minimum data sets for qualified provider recruitment</li> <li>- Cost parameters per service category</li> <li>- Outcome measures and expectations</li> <li>- Incident/accident reporting criteria</li> <li>- Specific best practices</li> <li>- Decision on direct billing</li> <li>- Documentation/audit requirements</li> </ul>

Identified need for state supported standardization of qualified provider criteria such as previously listed in this element, so that solicitation, expectations, and minimum standards are equal across the state which will result in equality of services and accurate "provider report cards."		
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<p><b>Reviewers Comments:</b></p>
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## Local Business Plan: Strategic Plan Matrix

<b>Area Program(s)/County Program</b>	Mental Health Services of Catawba County
<b>Contact</b>	John M. Hardy, Area Director (828)695-5900, fax(828)695-5949, johnh@mail.co.catawba.nc.us
<b>Submission Date</b>	01/02/03

**Item: III. Qualified Provider Network Development 2b**

**Goal: The local business plan complies with the State Plan requirements in establishing a qualified provider network. (QPN)**

**Effective Date: 01/04**

Steps Taken	Steps Planned	Barriers
<p>A system is in place that allows the Access Unit to manage all screening/ triage information electronically. Client demographic information, presenting problem, risk assessment, and disposition are entered into the client database. Reports are generated that provide much information and are regularly utilized in determining status of the process.</p> <p>The LME will adhere to all required quarterly reporting requirements of QPN referrals to the Division.</p>	<p>Referral codes need to be assigned to each provider, agency, support group, faith-based organization, etc. in order to generate a report showing to which each client was referred.</p> <p>Report needs to be set up to automatically run each quarter for submission of required data to the Division.</p> <p>Develop a process for analyzing data to determine gaps, utilization of data, and use of information in refinement of QPN development.</p>	<p>At the present time, there is no specific information about what elements will be required to be submitted to the Division quarterly which makes it impossible to develop a complete system for compliance.</p>

**Reviewers Comments:**

## Local Business Plan: Strategic Plan Matrix

<b>Area Program(s)/County Program</b>	Mental Health Services of Catawba County
<b>Contact</b>	John M. Hardy, Area Director, (828)695-5900, fax (828)695-5949 johnh@mail.co.catawba.nc.us
<b>Submission Date</b>	01/02/03

**Item: III. Qualified Provider Network Development 2c**

**Goal: The local business plan complies with the State Plan requirements in establishing a qualified provider network. (QPN)**

**Effective Date: 01/04**

Steps Taken	Steps Planned	Barriers
<p>Complete baseline of service capacity was established by review of consumer populations in the area and provider populations available to meet the specific service needs.</p> <p>Identified the need to gather more complete information from churches, etc.</p>	<p>Beginning January 2003 will identify those clients currently in service that are not in a target population and available referral resources to serve these consumers in the future.</p> <p>Beginning January 2003 consumers seeking services outside of the target populations will be referred to a choice of appropriate community resources.</p> <p>Data will be collected and tracked on the referrals.</p>	<p>A standardized form for the Annual Review that could be used by all LMEs would provide more consistency of review efforts across the state.</p>



	<p>Will develop an Annual Review of Service Capacity process, which will assess the current services provided for both target and non-target populations by providers in the network, as well as the total number of current providers and the specific services they provide.</p> <p>Based on survey information we will analyze the survey results to determine where there may be insufficient providers, for which services, and in what locations.</p> <p>Data will be maintained on unmet target population needs, underserved geographic areas, and minimal service capacity.</p> <p>Will develop a mechanism for obtaining feedback and input from consumers on services they want and incorporate into QPN plan to diminish any service gaps.</p> <p>This analysis will be an ongoing process.</p>	
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<p><b>Reviewers Comments:</b></p>
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## Local Business Plan: Strategic Plan Matrix

<b>Area Program(s)/County Program</b>	Mental Health Services of Catawba County
<b>Contact</b>	John M. Hardy, Area Director, (828)695-5900, fax (828)695-5949, johnh@mail.co.catawba.nc.us
<b>Submission Date</b>	01/02/03

### Item: III. Qualified Provider Network Development 2d

**Goal: The local business plan complies with the State Plan requirements in establishing a qualified provider network. (QPN)**

**Effective Date: 01/04**

Steps Taken	Steps Planned	Barriers
<p>A QPN development plan is in the early stages of conception and is in the process of addressing:</p> <ul style="list-style-type: none"> <li>- The role and responsibility of the local CFAC in the development and ongoing monitoring of the QPN. Several members of the local CFAC have participated in team discussions related to the development of a qualified provider network.</li> <li>- The recruitment process for qualified providers to enhance network access, availability, and accurately reflect the cultural diversity of the community, based on survey information regarding current provider characteristics.</li> </ul>	<p>Chair of the QPN development work group is scheduled to periodically meet with the local CFAC to review the current efforts to address the QPN elements of the State Plan. Will work together to formulate the specific roles of consumers and families as related to ongoing monitoring of the QPN.</p> <p>Conduct a needs assessment of the deaf population.</p> <p>Further analyze the cultural diversity characteristics of consumers and make every effort to recruit providers that can accommodate the diversity needs. Will particularly focus on Asian and</p>	<p>Limited number of culturally diverse qualified providers in the catchment area.</p>

<ul style="list-style-type: none"> <li>- The selection process for building the network in a manner that provides administrative efficiency, access, choice, and quality of services and supports.</li> <li>- The capacity of the network to provide the service array in accordance with the State Plan.</li> <li>- The inclusion of provider-sponsored networks to create administrative efficiency.</li> <li>- Training and orientation on network policies and procedures for all providers</li> <li>- The development and publication of information and marketing materials about the QPN.</li> </ul> <p>Developed a Consumer Choice policy, approved by Quality Management Team, ensuring that all consumers will be informed of and given a choice of providers (Attachment G)</p> <p>Developed a Organizational Conflicts of Interest policy that has been approved by Quality Management Team that outlines how the LME will avoid conflict of interest situations when selecting, managing, and monitoring providers who are a part of the QPN. (Attachment H)</p> <p>Formalized the existing Network Technical Assistance Protocol for the LME to provide technical assistance to members of the QPN. (Attachment I)</p>	<p>Latino/Hispanic population, with plan to approach Centro Latino, a community resource that currently addresses education, etc.</p> <p>Continue to encourage providers through orientation and forums, etc. to collaborate and work together to maximize administrative efficiency, access, choice, and quality of services and supports. This will be incorporated into the monitoring plan for providers.</p> <p>Enhance and formalize the training and orientation plan currently in place for providers related to network policies and procedures.</p> <p>Develop and make available marketing materials about the QPN.</p> <p>Members of the QPN and community supports will be loaded into an electronic directory that is accessible to all Access Unit staff and can be made available to consumers at any time the need arises. The directory will be developed so that information can be sorted based on the type of service needed. It will be expanded to include report card information on each provider.</p> <p>All QPN related policies will be presented to the Area Board for approval with all other LME related policies.</p> <p>Standardize licensure and credentials verification process in collaboration with the Service Monitoring/Oversight Work Group.</p> <p>Develop the RFP for recruitment and selection of the QPN.</p>	
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<p>The LME has a procedure in place for effectively verifying licensure and certification of qualified providers, both independent practitioners and direct enrolled providers. This is managed through the Human Resources Department.</p> <p>A draft Contract Provider Network policy has been written for use in recruitment and selection criteria for providers that outlines the use of best practice models as identified by NAM-NC. Emphasis is also given to models that produce timely and effective outcomes for consumers. (Attachment J)</p> <p>A draft Resolution of Disputes with Contract Providers policy has been written that addresses how grievances/complaints by providers will be resolved. Currently the staff attorney is reviewing the draft. (Attachment K)</p>		
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<p><b>Reviewers Comments:</b></p>
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- Attachment G – Draft Consumer Choice Policy**
- Attachment H – Draft Organizational Conflict of Interest Policy**
- Attachment I – Qualified Provider Network Technical Assistance Protocol**
- Attachment J – Draft Contract Provider Network Policy**
- Attachment K – Draft Resolution of Disputes with Contract Providers Policy**

## DRAFT

### Local Management Entity of Catawba County

#### Policies and Procedures

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ACTIVITY:	Administration	Number
		Effective Date
SUBJECT:	Consumer Choice	Board Approved
		QMT Approved

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#### POLICY

It is the policy of Mental Health Services of Catawba County to assure that all consumers are informed of community resources and given a choice of providers, services, and supports within a 30 mile/30 minute radius of Catawba County. At no time will agency staff attempt to direct persons toward services provided by Mental health Services of Catawba County.

#### Procedure

1. The screening clinician will provide each consumer a directory of providers and community supports with a description of the services/resources each provides.
2. The consumer and/or family will select the provider from whom they wish to receive services
3. In the event the consumer chooses mental health Services of Catawba County as the service provider, the screening clinician will obtain the consumer's signature on the Statement of Consumer Choice.

Client Name _____ Record No: _____	
<b>MENTAL HEALTH SERVICES OF CATAWBA COUNTY</b> <b>Statement of Consumer Choice</b>	
<p>I understand that I have the right to select my Service Provider. I have received information on the Service Providers and community supports available to me in the area where I live. I also understand that I may change Service Providers at any time, but if possible, a reasonable notice will be given to the Care Coordinator and Service Provider.</p>	
<b>I HAVE SELECTED THE FOLLING PROVIDER (S):</b>	
1. _____	
2. _____	
3. _____	
<b>I HAVE SELECTED MENTAL HEALTH SERVICES OF CATAWBA COUNTY AS THE SERVICE PROVIDER FOR THE FOLLOWING REASONS:</b>	
1. _____	
2. _____	
3. _____	
Client/Guardian Signature: _____	Date: _____
Witness: _____	Date: _____

## **REVISED DRAFT**

Activity: Administration

Subject: Organizational Conflicts of Interest

Policy: It shall be the policy of Mental Health Services of Catawba County to identify, avoid, or mitigate organizational conflicts of interest in all procurement transactions.

Definition: An "organizational conflict of interest" exists when, because of existing or planned activities or because of relationships with other persons, the vendor is unable or potentially unable to render impartial service, or the vendor's objectivity in performing the contract work is or might be otherwise impaired, or the vendor has an unfair competitive advantage.

Purpose: In an age when it is becoming commonplace to retain advisory, management, and direct services, it is imperative that all agencies are mindful of and ready to act upon potential organizational conflicts of interest. This policy is intended to ensure adherence to two underlying principles: preventing the existence of conflicting roles that might bias a contractor's judgment; and preventing an unfair competitive advantage in awarding agency contracts. Attention to these basic principles will work to avoid the time and money spent addressing disputes regarding the procurement process and selections made as a result.

**Conflicts of interests prohibited in the procurement of public contracts include:**

- 1) No public officer or employee who is involved in making or administering a contract on behalf of a public agency may derive a direct benefit from the contract.**
- 2) A public officer or employee who will derive a direct benefit from a contract with the public agency he or she serves, but who is not involved in making or administering the contract, shall not attempt to influence any other person who is involved in making or administering the contract.**
- 3) No public officer or employee may solicit or receive any gift, reward, or promise of reward in exchange for recommending, influencing, or attempting to influence the award of a contract by the public agency he or she serves.**

Organizational conflict of interest determinations cannot be made automatically or routinely. The application of sound judgment on a case-by-case basis is necessary if the policy is to be applied to satisfy the overall public interest. It is not possible to prescribe in advance a specific method or set of criteria, which would serve to identify and resolve all of the organizational conflict of interest situations that might arise. However, examples are provided in this policy to guide staff in his or her role in making these determinations. Questions to ask in determining whether an organizational conflict of interest might exist include:

- 1) Are there conflicting roles that might bias a vendor's judgment in relation to its work for the agency?
- 2) Is the vendor being given an unfair competitive advantage in any manner including being furnished unauthorized proprietary information or source selection information that is not available to all competitors?

Examples: The following examples illustrate situations in which questions concerning organizational conflicts of interest may arise. They are not all-inclusive, but are intended to provide general guidance to the staff:

- 1) Unequal Access to Information
- 2) Biased Ground Rules
- 3) Impaired Objectivity

Procedures: Agency staff must identify and evaluate any potential or actual organizational conflicts of interest as early in the process as possible. Early detection of a potential or actual conflict will reduce the possibility of delays and disruptions to the process. If an organizational conflict of interest is suspected, disclosed or discovered, agency staff should notify the Area Director or the Administrative Services Director. In cases where an organizational conflict of interest is suspected, disclosed or discovered, the Area Director or Administrative Services Director will notify the provider of the facts known by the agency regarding the actual or potential organizational conflict, and allow the provider a reasonable opportunity to respond. Based on the review of the response and other relevant facts, the Area Director may pursue any one or combination of the following actions as appropriate:

- 1) Disqualify the provider from eligibility of providing services.
- 2) Terminate the contract, if the organizational conflict of interest is determined to exist after a signed contract.
- 3) Take action to mitigate or neutralize the potential or actual organizational conflict of interest.
- 4) **Make a request to the Area Board to waive the conflict if the Area Board determines it is in the best interest of Mental Health Services of Catawba County to award the contract / RFP/ service provision.**
- 5) Other remedial action as may be permitted or provided by law or in the resulting contract.
- 6) **Consult with mediation contractor for resolution.**

Disclosure: Another measure to be taken to ensure the avoidance of organizational conflicts of interest is to include a provision in all solicitation documents requiring the providers to submit information which concisely describes all relevant facts and circumstances concerning any past, present or planned interest, (financial, contractual, organizational, or otherwise) relating to the services to be provided and bearing on whether the provider has a possible organizational conflict of interest. If the provider does not disclose any relevant facts concerning an organizational conflict of interest, the language should reflect that the provider, by submitting the offer or



signing the contract, warrants that to the best of its knowledge and belief, no such facts exist relevant to a possible organizational conflict of interest.

Mental Health Services of Catawba County

**POLICIES AND PROCEDURES**  
**DRAFT**

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ACTIVITY:	General Administration	Number:
		Effective Date:
SUBJECT:	Qualified Provider Network	Amended Effective:
	Technical Assistance Protocol	Approved:
		QMT Approved:

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POLICY:

PURPOSE:

This document was developed, as a means to communicate to our qualified provider network about any technical assistance needs they may have and can request from Mental Health Services of Catawba County.

PROTOCOL:

The Qualified Provider will make a written request to the Area Director of Mental Health Services of Catawba County requesting technical assistance. This written request should include the problem area(s) that the provider needs technical assistance from MHSCC and the name, address and telephone number of the person making the TA request. The Area Director will contact the qualified provider and negotiate a technical assistance date(s) and a TA rate for the time required providing technical assistance.

Technical assistance may be requested in the following areas:

Staff Training, Quality Assurance, Quality Improvement, medical Records, Client Rights, State Standards, HIPAA, Billing, MIS, Outcomes, Documentation, Other...

Providers need to send written TA requests to:

John M. Hardy, Area Director  
Mental Health Services of Catawba County  
3050 11<sup>th</sup> Avenue Drive, Se  
Hickory, NC 28602  
(828) 695-5900  
(828) 695-4256

**NOTE:** Agency expectations and agency business requirements/practices thoroughly covered in our annual provider orientation are not considered technical assistance and have no charge.

PROCEDURE:

History Note: Approved by the Mental Health Board on .

G:\policy\technicalassistance

## DRAFT

### Local Management Entity of Catawba County

#### **Policies and Procedures**

ACTIVITY:	Management	Number
SUBJECT:	Contract Provider Network	Effective Date

#### POLICY

The Local Management Entity of Catawba County shall make every reasonable effort to provide care to its citizens through a provider network. A network of providers will be maintained to provide an array of services within a 30 mile/minute radius to guarantee:

- accessibility to services
- consumer/community choice
- cultural diversity
- competence to treat co-occurring disorders
- skill at providing comprehensive one-stop service settings
- dedication to delivering consumer-directed supports
- compliance with the federal; Synar amendment
- screening and appropriate referral

In order to assure competent, efficient and cost-effective services, as well as consumer choice of providers, the following shall apply:

- All eligible consumers will be informed of available resources and given a choice of providers
- Providers must possess the ability to provide “best practice” services for each target population.
- Providers will comply with all LME and DMHDDSAS requirements including, but not limited to the following:
  - clinical expertise relevant to service provision and target population
  - all licensure criteria
  - any relevant accreditation
  - liability insurance within established limits
- Providers will comply with all federal and state fiscal requirements.

## DRAFT

- Each provider will identify and actively pursue all first and third-party collections.
- All providers will submit to the LME an audit report by an independent certified public accountant verifying compliance with all standards as well as a review and opinion of the financial status and internal fiscal procedures of the provider agency.
- The LME will monitor activity referred to independent practitioners by percentage and number of actual requests and dispositions, as well as service units provided and costs of delivered services.

Mental Health Services of Catawba County

**Policies and Procedures**

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ACTIVITY:	Local Management Entity (LME) Of Catawba County	Number:
SUBJECT:	Resolution of Disputes With Contract Providers	Effective Date:
		Amended Effective:
		Approved:
		QMT Approved: 10/10/02

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POLICY:

It shall be the policy of Mental Health Services of Catawba County (hereinafter "MHSCC") to attempt to resolve disputes of its contractors or former contractor through a local appeal process.

The following are defined to assist in understanding this policy:

Contract: - means a contract with an area program to provide services, other than personal services, to clients or other recipients of services.

Contractor – means a person or provider who has a contract with MHSCC, or who had such a contract During the current fiscal year.

Former Contractor – means a person or provider who had a contract with MHSCC during the previous fiscal year.

PROCEDURE:

1. The first step toward problem solving and dispute resolution shall consist of informal discussion between a contractor or former contractor and the Program Director through whom the contract provider is contracting with the Local Managing Entity (LME).
2. If the informal resolution process is unsuccessful, the contractor shall put the dispute in writing including a suggestion for appropriate resolution. The written request for resolution shall be mailed to the Clinical Director of the LME clearly stating that such correspondence is being sent pursuant to the resolution of dispute policy. Copies of such correspondence are not to be distributed, at this time, to anyone outside the involved parties.
3. The Clinical Director of the LME shall have 15 working days in which to conduct an investigation and render a written opinion. The suggested solution may be accepted, modified, or rejected.
4. If the resolution offered by the LME Clinical Director was unsatisfactory or there was failure to meet the 15 days time frame, the contractor or former contractor may appeal to the Area Director of the LME. The written appeal must be made with 15 working days of the prior written opinion. At this time, documentation must be submitted that the appeal is being made with the full knowledge of the Chief Administrative Officer or Chairperson of the Organizations Board of Directors of the contract provider.

5. The Area Director of the LME will schedule a hearing for representatives of the contract provider and the LME within 15 working days. The contract provider may determine without limitation who their representatives(s) will be. Communication at this stage shall continue to be limited to the parties directly involved, The Area Director shall render a written decision within 15 working days of the hearing
6. The determination of the Area Director shall be final except where:
  - a. A contract provider or former contract provider claims the Area Authority is not acting or had not acted in conformance with applicable state law or rules in imposing a particular requirement on the contractor.
  - b. A contract provider or former contract provider claims that a requirement of the contract substantially compromises the ability of the contractor to fulfill the contract.
  - c. A contract provider or former contract provider who claims that the Area Authority had acted arbitrarily and capriciously in reducing funding for the type of service provided by a contractor.
  - d. A client or person who was a client in the previous fiscal year who claims the Area Authority had acted arbitrarily and capriciously in reducing funding for the type of service provided or formerly provided to the client directly by the Area Authority.
  - e. A person claims that the Area Authority did not comply with a state law or rule adopted by the Secretary or Commission in developing the plans and budgets of the Area Authority, and further that the Area Authority's failure to comply has adversely affected the ability of the person to participate in the development of the plans and budget.
7. The LME may, in its sole discretion, retain the services of a mediator to assist with any part of the foregoing process.
8. The Area Director shall notify the Executive Committee of the Area Board at their next meeting of any provider disputes that have been heard and a decision rendered at the Area Director level.
9. For provider appeals that meet the criteria outlined in Section 6, either party may appeal through the Area Board Chair to the Area Board Executive Committee. A copy of the appeal is to also be sent to the Area Director and other party. At this point the contract provider may notify other persons, at their discretion, that satisfactory resolution of the dispute at earlier levels of the established process have failed and they are now advancing to the last local level of appeal. The last local level of appeal designated is at the Executive Committee of the Area Board
10. The Executive Committee shall give all parties the opportunity to be heard no later than the next regularly scheduled meeting of the Executive Committee unless mutually agree otherwise. The Executive Committee shall render a decision with 15 days of the hearing. The committee may confirm the determination of the Area Director or propose an alternative. Unless the Executive Committee determines otherwise, from the point of view of the Area Authority, the Committee's determination is final and shall be reflected in the Committee's minutes.

11. In accordance with GS 122C-151.4, if the contract provider or other person (as described in Section 6) takes issue with the Area Authority's action as determined by the Executive Committee, the contract provider or person may appeal to the Area Authority Appeals Panel established by the Secretary of the Department of Health and Human Services, according to rules determined by the panel.

History Note: 10 NCAC 14V.0708; 10 NCAC 14V .0710; G.S. 122C-151.3  
And G. S. 122C-151.4.

## Local Business Plan: Strategic Plan Matrix

<b>Area Program(s)/County Program</b>	Mental Health Services of Catawba County
<b>Contact</b>	John M. Hardy, Area Director, (828)695-5900, fax (828)695-5949, johnh@mail.co.catawba.nc.us
<b>Submission Date</b>	01/02/03

**Item: III. Qualified Provider Network Development 3**

**Goal: Local business plan demonstrates evidence of procedures to manage the qualified provider network.**

**Effective Date: 01/04**

Steps Taken	Steps Planned	Barriers
<p>Have developed a draft procedure of how regular communication will be maintained with providers. This will be accomplished through letters, telephone, formally scheduled meetings, and informal meetings.</p> <p>A standard procedure is in place and is followed for those professionals seeking to become providers in the network in the Catawba County area. This includes completion of a provider profile, reference checks, and license/credential verification.</p> <p>Have a Complaint/Grievance Procedure in place for managing consumer complaints about providers. (Attachment L)</p>	<p>Finalize the communication plan, expanding components and refining the LME management role as the provider network grows.</p> <p>Work in conjunction with the service management/oversight planning task group.</p>	





Mental Health Services of Catawba County

**POLICIES AND PROCEDURES**

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ACTIVITY: CLIENT RIGHTS	Number:	5.001s
	Effective Date:	05/07/92
	Amended	Effective:
10/27/00		
SUBJECT: COMPLAINT/GRIEVANCE	CRC Approved:	03/20/00
PROCEDURES	Board Approved:	04/04/00
	QMT Approved:	10/27/00

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POLICY:

The Mental Health Services of Catawba County Board and staff members shall insure that any client receiving services in any area operated or contracted program will have access to proper procedures to address complaints about services received. Client complaints are viewed as a viable source of information not only to resolve individual client problems, but to assist in the planning and delivery of services by the area program.

All staff members at Mental Health Services of Catawba County are directed to respond to and act upon all complaints from clients, their family members and/or guardians, staff persons and community members in a polite, helpful, and expeditious manner. In all circumstances, this differentiation must involve judgment on the part of each employee.

All formal complaints will be processed in an expeditious manner and confidentiality of persons served will be protected at each stage of the process. Responses to formal complaints shall be documented and patterns or trends analyzed and reported to the Quality Management Team in order to continually improve the quality in service provision.

PROCEDURE:

Definitions:

Formal Complaint: Any complaint that has not been resolved at the initial point of contact between the client and staff of Mental Health Services of Catawba County and the client has agreed to put the complaint in writing.

Mental Health Services of Catawba County  
**Policies and Procedures**

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ACTIVITY: Clients Rights

SUBJECT: Complaint/Grievance

EFFECTIVE DATE: 05/07/92 AMENDED DATE: 10/27/00 NUMBER: 5.001s

Grievance: Any complaint that the client feels has not been resolved to their satisfaction after following the procedure below.

The following steps are provided to address client complaints about services:

I. Complaint Process

A. If a client's problem is unresolved after talking with the staff member assigned to provide the service or the Client Rights Coordinator (if the client does not feel comfortable addressing the staff directly), the client will be asked to complete Part 1 (Attachment A) of the Client Complaint Form (all necessary accommodations will be available to the client to assist in the completion of the form). The client will be given a copy of the procedure for processing a complaint as well as filing a grievance. Upon completion of the form, it will be forwarded to the Client Rights Coordinator to be logged for tracking purposes. The staff member initially involved with the complaint will make a verbal notification to their supervisor regarding the complaint. The staff member should also give the client the name and number of his/her supervisor. The Client Rights Coordinator will forward the form to the appropriate supervisor within five working days.

1. The supervisor (or designee) will contact the client within five (5) working days of receiving Part I of the Client Complaint Form.
2. The supervisor will listen to the client's concerns and requests for action. The supervisor will investigate the facts of the situation and evaluate both the employee's and client's points-of-view.
3. After a discussion with the client regarding the complaint, supervisor will complete Client Complaint Form - Part 2 (Attachment B) in the appropriate place.

Mental Health Services of Catawba County  
**Policies and Procedures**

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ACTIVITY: Clients Rights

SUBJECT: Complaint/Grievance

EFFECTIVE DATE: 05/07/92 AMENDED DATE: 10/27/00 NUMBER: 5.001s

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4. If resolution is achieved, the Client Complaint Forms Part 1 and 2 should be forwarded to the Client Rights Coordinator, who will log results and file complaint for tracking purposes, ending the process.

If a resolution was not reached, the supervisor will give the client the name and number of the Area/Clinical Director, (the complaint will be directed to the Area Director if it is based on an administrative issue or to the Clinical Director if it is based on a clinical issue) and will inform the Client that the Area/Clinical Director will contact them within five (5) working days to further discuss the issue.

- B. If a client's problem is unresolved after talking with the Supervisor, and the Supervisor has given the client the Area/Clinical Director's name/number and has passed Complaint Form (Parts 1 and 2) to the Area/Clinical Director, the following process will be followed:

1. The Area Director/Clinical Director (or designee) will contact the client within five working days, regarding the complaint.
2. The Area/Clinical Director will listen to the client's concerns and requests for action. The Area/Clinical Director will verify the facts of the situation and evaluate both the employees and client's point-of-view.
3. If resolution is achieved, the Client Complaint Forms part 1 and 2 should be forwarded to the Client Rights Coordinator, who will log results and file complaint for tracking purposes, and confirmation of the resolution will be forwarded to the client in writing by the Client Rights Coordinator, ending the process.

If a resolution was not reached, the client will be directed to the Client Rights Coordinator to file a formal grievance.

Mental Health Services of Catawba County  
**Policies and Procedures**

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ACTIVITY: Clients Rights                      SUBJECT: Complaint/Grievance

EFFECTIVE DATE: 05/07/92 AMENDED DATE: 10/27/00      NUMBER: 5.001s

- C. Any client may elect to make a complaint direct to the Clients Rights Coordinator to file a formal grievance.

II. Grievance Process

- A. After meeting with the Area/Clinical Director, if the client continues to feel there is no resolution to the their complaint, an appointment should be arranged with the Client Rights Coordinator by the Area/Clinical Director, within five (5) working days.
- B. The Client Rights Coordinator shall assist the client in the completing the Grievance Form (Attachment C), which will be attached to the completed Client Complaint Form. The Client Rights Coordinator will then arrange for presentation to the Client Rights/Intervention Advisory Committee at the next meeting.

III. The entire complaint/grievance process should not take longer than 45 days.

ATTACHMENTS:      Consumer Complaint Form - Attachment A  
                         Follow up - Attachment B  
                         Client Grievance Form - Attachment C

HISTORY NOTE:      COA Standards G7.8; G8.01, G8.02, G8.03, G8.04, G8.05.      APSM 40-3 Standard 2.12.      G.S. 143B-147; APSM 30-1, 14V, Section .0504; 10 NCAC 18L, Section .0400, #.0432.      Effective 07/01/84. Amended effective 01/01/92, 10/14/98, 03/17/00, and 10/27/00.      MHSCC Policy #5.001s effective 05/07/92.      Supersedes MHSCC Policy #1.006 Consumer Rights, and MHSCC Policy #3.006d Client Grievance.

G:\policy\crights\crp&p\grievance

Attachment C  
**CLIENT GRIEVANCE FORM**

The Catawba County Mental Health, Developmental Disabilities, and Substance Abuse Board and its contracted agencies have policies in place which will assure that any client receiving services, or their legally responsible guardian shall have access to proper procedures to address complaints. Complaints by consumers are viewed as a viable source of information, not only to resolve individual client problems, but to assist in the planning and delivery of services by the area program.

It is important that you have already talked with the people most directly responsible for your treatment; the primary care giver, that person's supervisor, and either the Clinical or Area Director. It is our intention to provide an informal process between you and those facility employees to clarify facts and find possible alternatives. However, if you did not feel that satisfactory alternatives were reached, there are additional steps that you can take to assure that your grievance has been heard.

A Client Rights Committee has been established that is made up of consumers, close relatives of consumers, and Area Mental Health Board members, none of whom are employed by any Catawba County Mental Health, Developmental Disabilities, and Substance Abuse Program. The committee members have experience with and are representative of the three disability groups; Mental Health, Developmental Disabilities, and Substance Abuse Services. It is the responsibility of the Client Rights Committee to hear client grievances about the services they are receiving, allegations that client rights may have been violated, in some cases appoint a client advocate, and to be objective in making recommendations for resolutions to the problem. In order for the Client Rights Committee to review the complaint, the following information needs to be completed.

1. Please write a brief explanation of your complaint:

Attach additional sheets if necessary.

2. Please list the staff members with whom you have already addressed your complaint:

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3. Please write your name, address and phone number below. The Client Rights Committee Chairperson will be contacting you to set up a meeting date and time.

Name:

Address:

Phone #:

4. Please read and sign the following agreement regarding the release of information to the Client Rights Committee to process your grievance.

I, \_\_\_\_\_, hereby authorize Mental Health Services of Catawba County to release Medical Record information regarding the treatment of \_\_\_\_\_ to the Client Rights Committee, for the purposes of resolving a complaint. I understand that this information is to be used only to help the Client Rights Committee make recommendations regarding my grievance.

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

5. Mail this completed form to: Client Rights Committee Chairperson, Mental Health Services of Catawba County, 3050 11th Avenue Drive, SE, Hickory, NC 28602.

The Chairperson will be contacting you regarding the Client Rights Committee meeting date and time.

01/1/99



Mental Health Services of Catawba County

**Policies and Procedures**

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ACTIVITY:	Local Management Entity (LME) Of Catawba County	Number:
SUBJECT:	Resolution of Disputes With Contract Providers	Effective Date:
		Amended Effective:
		Approved:
		QMT Approved: 10/10/02

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POLICY:

It shall be the policy of Mental Health Services of Catawba County (hereinafter "MHSCC") to attempt to resolve disputes of its contractors or former contractor through a local appeal process.

The following are defined to assist in understanding this policy:

Contract: - means a contract with an area program to provide services, other than personal services, to clients or other recipients of services.

Contractor – means a person or provider who has a contract with MHSCC, or who had such a contract During the current fiscal year.

Former Contractor – means a person or provider who had a contract with MHSCC during the previous fiscal year.

PROCEDURE:

1. The first step toward problem solving and dispute resolution shall consist of informal discussion between a contractor or former contractor and the Program Director through whom the contract provider is contracting with the Local Managing Entity (LME).
2. If the informal resolution process is unsuccessful, the contractor shall put the dispute in writing including a suggestion for appropriate resolution. The written request for resolution shall be mailed to the Clinical Director of the LME clearly stating that such correspondence is being sent pursuant to the resolution of dispute policy. Copies of such correspondence are not to be distributed, at this time, to anyone outside the involved parties.
3. The Clinical Director of the LME shall have 15 working days in which to conduct an investigation and render a written opinion. The suggested solution may be accepted, modified, or rejected.
4. If the resolution offered by the LME Clinical Director was unsatisfactory or there was failure to meet the 15 days time frame, the contractor or former contractor may appeal to the Area Director of the LME. The written appeal must be made with 15 working days of the prior written opinion. At this time, documentation must be submitted that the appeal is being made with the full knowledge of the Chief Administrative Officer or Chairperson of the Organizations Board of Directors of the contract provider.

5. The Area Director of the LME will schedule a hearing for representatives of the contract provider and the LME within 15 working days. The contract provider may determine without limitation who their representatives(s) will be. Communication at this stage shall continue to be limited to the parties directly involved, The Area Director shall render a written decision within 15 working days of the hearing
6. The determination of the Area Director shall be final except where:
  - a. A contract provider or former contract provider claims the Area Authority is not acting or had not acted in conformance with applicable state law or rules in imposing a particular requirement on the contractor.
  - b. A contract provider or former contract provider claims that a requirement of the contract substantially compromises the ability of the contractor to fulfill the contract.
  - c. A contract provider or former contract provider who claims that the Area Authority had acted arbitrarily and capriciously in reducing funding for the type of service provided by a contractor.
  - d. A client or person who was a client in the previous fiscal year who claims the Area Authority had acted arbitrarily and capriciously in reducing funding for the type of service provided or formerly provided to the client directly by the Area Authority.
  - e. A person claims that the Area Authority did not comply with a state law or rule adopted by the Secretary or Commission in developing the plans and budgets of the Area Authority, and further that the Area Authority's failure to comply has adversely affected the ability of the person to participate in the development of the plans and budget.
7. The LME may, in its sole discretion, retain the services of a mediator to assist with any part of the foregoing process.
8. The Area Director shall notify the Executive Committee of the Area Board at their next meeting of any provider disputes that have been heard and a decision rendered at the Area Director level.
9. For provider appeals that meet the criteria outlined in Section 6, either party may appeal through the Area Board Chair to the Area Board Executive Committee. A copy of the appeal is to also be sent to the Area Director and other party. At this point the contract provider may notify other persons, at their discretion, that satisfactory resolution of the dispute at earlier levels of the established process have failed and they are now advancing to the last local level of appeal. The last local level of appeal designated is at the Executive Committee of the Area Board
10. The Executive Committee shall give all parties the opportunity to be heard no later than the next regularly scheduled meeting of the Executive Committee unless mutually agree otherwise. The Executive Committee shall render a decision with 15 days of the hearing. The committee may confirm the determination of the Area Director or propose an alternative. Unless the Executive Committee determines otherwise, from the point of view of the Area Authority, the Committee's determination is final and shall be reflected in the Committee's minutes.

11. In accordance with GS 122C-151.4, if the contract provider or other person (as described in Section 6) takes issue with the Area Authority's action as determined by the Executive Committee, the contract provider or person may appeal to the Area Authority Appeals Panel established by the Secretary of the Department of Health and Human Services, according to rules determined by the panel.

History Note: 10 NCAC 14V.0708; 10 NCAC 14V .0710; G.S. 122C-151.3  
And G. S. 122C-151.4.

## Local Business Plan: Strategic Plan Matrix

<b>Area Program(s)/County Program</b>	Mental Health Services of Catawba County
<b>Contact</b>	John M. Hardy, Area Director (828)695-5900, fax (828)695-5949, johnh@mail.co.catawba.nc.us
<b>Submission Date</b>	01/02/03

**Item: III. Qualified Provider Network Development 4**

**Goal: The local business plan complies with State Plan requirements and establishes a system of services and supports for existing populations.**

**Effective Date: 01/04**

Steps Taken	Steps Planned	Barriers
<p>Identified the individuals in transition.</p> <p>Identified the generic community resources, including the faith-based groups, to provide services and supports to members of the non-target populations.</p>	<p>Clinicians will work with their respective non-target population clients currently in service to complete treatment goals or develop a transition plan to appropriate community services/supports.</p> <p>Identified community resources will be keyed into an electronic database directory that can be sorted by location, service category, and target population and made available to consumers based on their specific needs.</p>	

**Reviewers Comments:**